

**MERCER COUNTY SURROGATE'S COURT**  
**Diane Gerofsky, Surrogate**

**INFORMATION SHEET FOR PROBATE**

NAME OF DECEASED: \_\_\_\_\_ Date of Death \_\_\_\_\_

Residence of Deceased at Time of Death: \_\_\_\_\_  
(Indicate borough, township, town, or city or county)

\_\_\_\_\_  
Name(s) of Executor who will qualify: \_\_\_\_\_

\_\_\_\_\_  
Address(es) of Executor(s): \_\_\_\_\_  
(Indicate borough, township, town, or city or county)

\_\_\_\_\_  
Telephone No: \_\_\_\_\_

Date of Will: \_\_\_\_\_ Date of Codicil(s): \_\_\_\_\_

Is Will Self-Proving? (Yes) \_\_\_\_\_ (No) \_\_\_\_\_ If not, give names and addresses of all witnesses to Will:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of Witness Appearing to Prove Will: \_\_\_\_\_

Attorney of Record: \_\_\_\_\_ Telephone No: \_\_\_\_\_

Address: \_\_\_\_\_

| <u>NAME</u> | <u>ADDRESS</u> | <u>NEXT OF KIN</u><br><u>RELATIONSHIP TO</u><br><u>TO DECEASED</u> | <u>AGE IF</u><br><u>UNDER 18</u> |
|-------------|----------------|--|----------------------------------|
| _____       | _____          | _____  | _____                            |
| _____       | _____          | _____  | _____                            |
| _____       | _____          | _____  | _____                            |
| _____       | _____          | _____  | _____                            |

If named Executor is not qualifying, state the reason - e.g. predeceased, wishes to renounce:

Renunciation(s) (Yes)\_\_\_\_\_(No)\_\_\_\_\_ Names of Person(s) Renouncing: \_\_\_\_\_

Name of Proposed Administrator C.T.A.: \_\_\_\_\_

Address: \_\_\_\_\_

Approximate Value of Personalty Passing By Will (if Administration C.T.A.): \$ \_\_\_\_\_

Approximate Value of Real Estate Passing By Will (if Administration is C.T.A.): \$ \_\_\_\_\_

Rule to Bar Creditors (Yes)\_\_\_\_\_(No)\_\_\_\_\_ (Deaths on or before February 26, 2005 only)

Number of Short Certificates Requested: \_\_\_\_\_

Date You Wish Executor to Qualify: \_\_\_\_\_

Is the executor appearing in the Trenton office to probate? (Yes)\_\_\_\_\_(No)\_\_\_\_\_

Is the executor appearing at a satellite office? (Yes)\_\_\_\_\_(No)\_\_\_\_\_ If yes, please indicate which satellite office.

Lawrence Satellite \_\_\_\_\_  
Ewing Satellite \_\_\_\_\_  
Hamilton Satellite \_\_\_\_\_  
Hopewell Satellite \_\_\_\_\_  
Pennington Satellite \_\_\_\_\_  
E Windsor Satellite \_\_\_\_\_  
Princeton Twp Satellite \_\_\_\_\_  
Washington Twp Satellite \_\_\_\_\_

**PLEASE NOTE:** When making your appointment with the Surrogate=s Court for a satellite office, kindly return this sheet together with a copy of the Will and Death Certificate to this office by fax or mail at least twenty-four hours prior to the appointment. Contact Kelly at (609) 989-6336 to make the appointment

MERCER COUNTY SURROGATE=S COURT  
P.O. BOX 8068  
TRENTON, NEW JERSEY 08650-0068  
Fax: (609) 278-1242  
Phone: (609) 989-6331  
E-mail: [dgerofsky@mercercounty.org](mailto:dgerofsky@mercercounty.org)